



PATENT

Attorney Docket No.: 708-A01-007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor: Harold Richardson Crews Group Art Unit: 1641

Appln. No.: 09/766,372

Examiner: Nelson C. YANG

Filed: January 19, 2001

For: MULTI-PURPOSE REAGENT SYSTEM AND METHOD FOR ENUMERATION
OF RED BLOOD CELLS, WHITE BLOOD CELLS AND THROMBOCYTES AND
DIFFERENTIAL DETERMINATION OF WHITE BLOOD CELLS

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application number:: 09/766,372

Filing Date:: January 19, 2001

Application type:: REGULAR

Subject Matter::

Suggested classification::

Suggested Group Art Unit:: 1641

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form

(CRF)?::

Number of copies of CRF::

Title line one::

Title line two::

Title line three::

Title line four::

Title line five::

**MULTI-PURPOSE REAGENT SYSTEM AND
METHOD FOR ENUMERATION OF RED BLOOD
CELLS, WHITE BLOOD CELLS AND
THROMBOCYTES AND DIFFERENTIAL
DETERMINATION OF WHITE BLOOD CELLS**

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MAR 01 2004

Attorney Docket Number:: 708-A01-007

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure:: FIGURE 1

Total Drawing Sheets::

Small Entity?::

Latin name::

Variety denomination name::

Petition included?::

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

APPLICANT INFORMATION

Applicant Authority Type:: INVENTOR

Primary Citizenship:: US

Country:: US

Status:: FULL CAPACITY

Given Name:: HAROLD

Middle Name:: RICHARDSON

Family name:: CREWS

Name Suffix::

City of Residence:: CORAL SPRINGS

State or Province

Of Residence:: FLORIDA

Country of Residence:: US

Street of mailing address:: 12640 MAGNOLIA COURT

City of mailing address:: CORAL SPRINGS

State or Province of

Mailing address:: FLORIDA

Country of mailing
address:: US
Postal or Zip Code
of mailing address:: 33071

APPLICANT INFORMATION

Applicant Authority Type:: INVENTOR
Primary Citizenship:: US
Country:: US
Status:: FULL CAPACITY
Given Name:: JAMES
Middle Name:: HARRISON
Family name:: CARTER II
Name Suffix::
City of Residence:: PLANTATION
State or Province
Of Residence:: FLORIDA
Country of Residence:: US
Street of mailing address:: 12221 SOUTHWEST TARA DRIVE
City of mailing address:: PLANTATION
State or Province of
Mailing address:: FLORIDA
Country of mailing
address:: US
Postal or Zip Code
of mailing address:: 33325

APPLICANT INFORMATION

Applicant Authority Type:: INVENTOR
Primary Citizenship:: US
Country:: US

Status:: FULL CAPACITY
Given Name:: MICHAEL
Middle Name:: NORMAN
Family name:: ELLIOT
Name Suffix::
City of Residence:: FORT LAUDERDALE
State or Province
Of Residence:: FLORIDA
Country of Residence:: US
Street of mailing address::
City of mailing address::
State or Province of
Mailing address:: FLORIDA
Country of mailing
address:: US
Postal or Zip Code
of mailing address:: 33330

CORRESPONDENCE INFORMATION

Correspondence Customer

Number:: 27317
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Street of mailing address:: 601 BRICKELL KEY DRIVE, SUITE 404
City of mailing address:: MIAMI
State or Province of mailing
address:: FLORIDA
Country of mailing address:: USA
Postal or Zip Code of mailing
address:: 33131

Phone number:: 305-416-4490
Fax Number:: 305-416-4489
E-Mail address:: MFLEIT@FOCUSONIP.COM

REPRESENTATIVE INFORMATION

Representative customer number:: 27317

| Representative Designation:: | Registration Number:: | Representative Name:: |
|-------------------------------------|------------------------------|------------------------------|
| Primary | 16,900 | Martin Fleit |
| Associate | 30,648 | Robert C. Kain |
| Associate | 37,333 | Jon A. Gibbons |
| Associate | 35,171 | Jose Gutman |
| Associate | 40,917 | Stephen C. Bongini |
| Associate | 43,500 | Paul D. Bianco |

DOMESTIC PRIORITY INFORMATION

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|----------------------|--------------------------|-----------------------------|-----------------------------|
| This Application | Continuation-in-Part | 09/405,547 | September 24, 1999 |
| | | | |
| | | | |

FOREIGN PRIORITY INFORMATION

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|------------------|-----------------------------|----------------------|---------------------------|
| | | | |

ASSIGNMENT INFORMATION

| | |
|----------------------------------|--|
| Assignee name:: | CLINICAL DIAGNOSTIC SOLUTIONS, INC. |
| Street of mailing | 1660 NW 65th Avenue, Suite 2 |
| Address:: | |
| City of mailing address:: | Plantation |
| State or Province of | |
| Mailing address:: | FLORIDA |
| Country of mailing | |
| address:: | US |
| Postal or Zip Code | |
| Of mailing address:: | 33313 |